

# Oklahoma SoonerCare EDI Application Trading Partners

(Please type or print)

New App  
 Amended App

## Company Information

Provider Type (Check one):  Billing Agent  Clearinghouse  VAN  Software Vendor

Business Name: \_\_\_\_\_ Submitter ID/Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

EDI Software Vendor (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: Testing will be required on all new requests. You will be contacted via email once your application has been processed.

### Please indicate EDI transaction type being requested to send/receive:

- |   |   |
|---|---|
| <input type="checkbox"/> 837 Professional Claim               | <input type="checkbox"/> 278 Prior Authorization/Referral Request |
| <input type="checkbox"/> 837 Institutional Claim              | <input type="checkbox"/> 820 Capitation Payments                  |
| <input type="checkbox"/> 837 Dental Claim                     | <input type="checkbox"/> 834 PMP Roster                           |
| <input type="checkbox"/> 270/271 Eligibility Request/Response | <input type="checkbox"/> 276/277 Claim Status Request/Response    |
| <input type="checkbox"/> 835 Remittance Advice                |   |

## Signature & Date

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit form by email to [okxixEDI@dxc.com](mailto:okxixEDI@dxc.com)

**DXC Technology, Attn: EDI Department | 2401 NW 23rd Street, Suite 11 | Oklahoma City, OK 73107**

Questions about this form or EDI procedures? Please call the EDI Helpdesk at 1-800-522-0114 *option 2, 2* or email: [okxixEDI@dxc.com](mailto:okxixEDI@dxc.com)